

MINUTES

**MONTANA SENATE
56th LEGISLATURE - REGULAR SESSION**

COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

Call to Order: By **CHAIRMAN AL BISHOP**, on January 11, 1999 at
3:00 P.M., in Room 410 Capitol.

ROLL CALL

Members Present:

Sen. Al Bishop, Chairman (R)
Sen. Fred Thomas, Vice Chairman (R)
Sen. Sue Bartlett (D)
Sen. Dale Berry (R)
Sen. John C. Bohlinger (R)
Sen. Chris Christiaens (D)
Sen. Bob DePratu (R)
Sen. Dorothy Eck (D)
Sen. Eve Franklin (D)
Sen. Duane Grimes (R)
Sen. Don Hargrove (R)

Members Excused: None.

Members Absent: None.

Staff Present: Susan Fox, Legislative Branch
Martha McGee, Committee Secretary

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

Committee Business Summary:

Hearing(s) & Date(s) Posted:
Executive Action:

HEARING ON SB 62

Sponsor: SEN. BOB KEENAN, SD 38, Bigfork

990111PHS Sm1.wpd

Questions from Committee Members and Responses:

SEN. B.F. "CHRIS" CHRISTIAENS asked if the Department had any discussion with HCFA regarding their intention to do this. **Nancy Ellery** said the Department had several conference calls with HCFA to try to push this along and they'd been very non-committal. She said this was a brand new thing with Medicaid and they wanted to be sure it was cost-effective and it didn't interfere with access to quality care. She said the Department was convinced it would be able to meet the test.

{Tape : 1; Side : A; Approx. Time Counter : 5.9}

Closing by Sponsor:

SEN. BOB KEENAN said he closed.

HEARING ON SB 73

Sponsor: **SEN. DALE BERRY, SD 30, Hamilton**

Proponents: **R. Perry Eskridge, Department of Commerce**
Kim Powell, Board of Nursing

Opponents: **Sami Butler, Montana Nursing Association**
Ruth Sasser, Registered Nurse
Dr. Donald Harr, Psychiatrist, Billings

Opening Statement by Sponsor:

SEN. DALE BERRY, SD 30, Hamilton, said the bill was requested by the Board of Nursing and was a housekeeping bill, adding mental or chronic physical illness to conditions covered by the program to assist licensed nurses. He said the primary change was adding a memo for chronic physical illness to the instances of physical and drug abuse; obviously, what happened was they had been treated and there were possibly some concerns to the propriety of the disclosure.

Proponents' Testimony:

R. Perry Eskridge, Attorney for Montana Board of Nursing, said the bill was simple. The Board of Nursing currently had a Nurse's Assistant Program (NAP) that addressed drug and substance abuse by nurses and the profession that fell into their jurisdiction. He said the NAP was designed to aid nurses into the safe practice

of nursing while they were currently in recovery for their drug and substance abuse. The bill's intent was current statute and didn't allow the Board any mechanism to deal with individuals who had mental health problems or chronic physical illness problems that prevented them from practicing nursing in a safe manner. He explained under the Americans with Disabilities Act (ADA) or similar provisions, the Board found it necessary to make reasonable accommodations for those individuals; **SB 73** would be one step toward that. The mental component was something the Board felt important because it allowed those individuals to seek help and proceed with their practice while they were receiving treatment. Basically, the bill was designed to monitor nurses' efforts for rehabilitation to ensure safe practice of nursing and as a result of the mental health and chronic physical illness problems, they were able to go through these types of programs and receive proper monitoring of their practice.

{Tape : 1; Side : A; Approx. Time Counter : 10.2}

Kim Powell, President, Board of Nursing, concurred with **Perry Eskridge's** testimony and said their issue was to provide for the safety of the public and implement this provision for the nurses, both for current licensees and those applying for licensure, who had mental illness problems that needed monitoring. She stressed **SB 73** was not an attempt to include on the application a question which asked if the applicant had mental illness. She explained they currently were seeing about five to seven cases per year in which there was a patient incident or safety violation involving a nurse with mental illness; they had no way to assist them in complying with treatment and ensure they could be released to their ability to work as a nurse. Also, another issue was out-of-state people, whose license was on probation because of a mental illness incident, were applying in Montana. She further explained these people came with those stipulations but the Board had no way of complying with them. **Ms. Powell** informed the Committee the physicians currently had this program in effect in Montana, and they were hoping to implement the same thing for nursing.

Opponents' Testimony:

Sami Butler, Montana Nurses Association, said the Association acknowledged the intent of the bill was noteworthy; however, they opposed it because if a nurse was unsafe to perform nursing duties, the Board of Nursing currently had a means of suspending or revoking that license. She stated drug and alcohol abuse had a specific treatment plan and track; however, mental and chronic physical illness was a broad term which dealt with a wide range of disorders. Developing a program to address all these

disorders and coming up with measurement criteria for each mental and chronic illness would indicate the nurse was controlled and could be a costly and lengthy process. She asked if this was an area over which the regulatory body needed to have jurisdiction - how would the Board of Nursing track someone with a personality disorder, for example. She referred to the mental health piece and used the example of a nurse receiving bad news at work which made him or her distraught. Another nurse could report her as mentally unstable which could provide for a stigma on the distraught nurse. She said they also saw it as a confidentiality issue because if the nurse chose not to participate in the mental health program, the confidentiality about his or her medical condition could be lost. **Ms. Butler** asked the Committee to consider the issues and oppose the bill.

{Tape : 1; Side : A; Approx. Time Counter : 16.0}

Ruth Sasser, Registered Nurse, read her written testimony **EXHIBIT** (phs07a02).

Dr. Donald Harr, Psychiatrist, Billings, said the Montana Medical Association had the Physicians Assistants program but did not know how well their program was modeled in accordance with this. He said they had adequate protection regarding confidentiality. His main concern was how well the confidentiality factors would be covered. That was the only reason he was an opponent. He said he thought the Board of Nursing did an excellent work and it was important they realized the extent and complexities of mental illness and how it must be approached.

Questions from Committee Members and Responses:

SEN. DON HARGROVE asked the amount of the anticipated costs.

R. Perry Eskridge said it amounted to about \$5,000 increase per year; the current budget for the Board of Nursing and Nurse Assistance Program (NAP) could absorb the cost very easily.

SEN. HARGROVE asked if there was any control on the costs because it seemed it could be very involved and could possibly open the door for major expenses. **Mr. Eskridge** said the program would be modeled after the same program the Board of Medical Examiners currently had. The cost had been arrived at after looking at that budget.

SEN. EVE FRANKLIN asked how many people were currently being tracked in the drug and alcohol program. **Carol Sem, Registered Nurse and Certified Chemical Dependency Counselor & Consultant for the Board of Nursing**, said there were about 55.

SEN. FRANKLIN commented they were amending the portion of the law that referred to impaired folks because of alcohol or narcotics and wondered if that would be used in addition to Carol Sem's program or would it be completely different. **Mr. Eskridge** said the anticipated program would dovetail with the current NAP program. He said Carol Sem had on board a mental health professional who would be willing to give information about what would be necessary when monitoring the requirements for supervising someone who would come to the attention of her program. In case it was not available in-house with the NAP program, Carol said she had other resources on which to draw.

SEN. FRANKLIN asked if the same template would be used for this program with some consultation. **Carol Sem** said it would be difficult to design a program because mental health issues were so complex and would have to be monitored by a mental health professional. The treatment plan would be determined by psychiatrists, psychologists and counselors because the monitoring may or may not involve testing or work performance, i.e. there were so many variables. She said three years ago she hired a masters level mental health therapist because in the chemical dependency field probably from 30-50% of the nurses in their program had dual diagnosis, meaning they already had mental health problems. The confidentiality would still be the same. She asked if she should speak with employers who didn't have mental health experience when it came to understanding certain behaviors and what to look for. She spent several years educating supervisors. A question sometimes came up if there wasn't someone on the Board who could do that because the employer didn't have that kind of expertise. She said they believed it was important to individualize each monitoring contract; they couldn't standardize something that was so diverse. Psychiatrists would be the primary input into the plan.

SEN. FRANKLIN asked **Ms. Sem** if she kept a psychiatrist on retainer or paid them for consultation, and was told they used individual psychiatrists who were paid from her budget.

SEN. JOHN BOHLINGER asked how the proposal would apply to those with chronic physical illness and referred to Page 2, Subsection 6. He wondered what sort of program would be developed for those who had a chronic physical illness. **Kim Powell** said the complaints had centered around mental illness components; however, the fact of certain chronic physical conditions cannot be ignored and their potential cause of injury to patients. She said just as in the case of mental illness, the monitoring aspect of their program would monitor the licensees designated program (for example, counseling once a month) and would be paid for by the licensee. She said they would set up a program through their

ability to monitor the licensee so they would get reports on the licensee's medical condition and his or her ability to provide safe care to patients. **Ms. Powell** said currently their real option was not to license them, and in most cases monitoring would enable these people to have a successful career and provide totally safe patient care.

{Tape : 1; Side : A; Approx. Time Counter : 30}

SEN. BOHLINGER said he understood nurses had supervisors to monitor daily activities and wondered if that supervisor had some responsibility for addressing the chronic physical illness question.

Ms. Kim Powell said she was **Manager of Emergency Room for 18 years**. It was her obligation to oversee all licensees and employees in her department. However, she was not an expert in chronic mental or physical illness, such as diabetes or epilepsy. She said she had a duty to report a licensee to the State Board of Nursing if she felt unsafe patient care was being given, and the Board would take action. She explained sometimes oversight management could be done on the scene but the depth required for patient safety belonged at the next level. She again stated that level was not her level of expertise so she would have to call in consultants or prevent that person from practicing in that setting.

SEN. DALE BERRY said he was assuming there was no statute which afforded the capability to provide for mental illness treatment. He asked for clarification of his understanding the bill provided for the hiring of the psychiatrist to issue the treatment. He suggested the opponents were opposing what the proposal allowed within the statute and provided the funds under NAP. **R. Perry Eskridge** said the issue came up about a year ago when a nurse had been presented with a problem. This person wanted help with entering the NAP program and the issue was strictly mental health. The Board said it wasn't able to provide the help because there was no physical addiction. He said the statute said "we shall establish a program to assist nurses found to be physically or mentally impaired by habitual intemperance or the excessive use of narcotic drugs, alcohol, or any other drug or substance." That meant their physical or mental health had to be affected by a drug or substance abuse problem; however, people had been brought into the NAP program using their symptoms of drug or substance abuse to help them treat mental health issues. He explained when they were presented with a nurse who had straight mental health issues they were at a loss because they didn't have the statutory authority to take that on; therefore, **SB 73**.

SEN. BERRY asked for clarification on the confidentiality issue.

Mr. Eskridge said currently the confidentiality provisions in NAP had two (2) different tracks, voluntary and disciplinary. The voluntary track was where the nurse came to NAP and admitted a problem with drug and/or substance abuse. NAP would determine whether the nurse could be treated and the Board would have no idea the person had been brought into the program. He suggested some employers, in lieu of the mandatory reporting requirements, encouraged their people who they suspected had problems to talk to NAP. **Mr. Eskridge** said it was the same for the chronic physical or mental illness, encouragement to come voluntarily to the NAP and they could give the needed assistance and the Board wouldn't even know about it. He next explained the disciplinary track which was where the public vs. private information usually surfaced. This track came about one of two ways, either there was horrible job performance which came to the attention of the patient or patient's family or the nurse was on the voluntary track and the NAP discovered he or she was unmonitorable and turned the nurse into the Board. He stated through the filing of the complaint, the ligature response, through the investigation and up to the point where the Board decided whether to notice someone or dismiss the case was confidential and not for public knowledge. He said once the Board noticed someone for disciplinary action, the information was disclosed to the public.

{Tape : 1; Side : B; Approx. Time Counter : 0}

SEN. B.F. "CHRIS" CHRISTIAENS asked why the confidentiality issue wasn't the same as that of the Board of Medical Practice and suggested if it were, this bill would be more palatable up-front.

R. Perry Eskridge said both the Board of Medical Examiners and Board of Nursing used the same disciplinary act in Title 37, Chapter 1; therefore, the language he used came from the same enabling statute which didn't include the confidentiality provision. He said they would be modeling their rules after those of the Medical Examiners.

SEN. CHRISTIAENS suggested the Committee would like to know up-front where it would be. **Mr. Eskridge** said he would be more than willing to provide for the Committee an analysis of where those provisions were.

SEN. FRANKLIN commented they were now tracking 55 people with substance abuse issues; mental illness issues were at least as prevalent and in another two or three years there could be a significant client load. She suggested the lack of a fiscal note wasn't very realistic and if the bill were to go further, she

would like to request more realistic attention to fiscal considerations over the next biennium.

SEN. DOROTHY ECK referred to the stricken language about adjusting the license fee and assumed it was because of CI-75; however, she was concerned about the kind of disciplinary procedures for someone who had bipolar disorder and was going into manic phase and didn't want to take medication. **Carol Sem** said they actually had such a situation -- the nurse was working in a nursing home and was experiencing the symptoms of escalation to a manic phase -- she took an IV bag that was hooked to a central line, laid it on the floor and walked out. She was on the NAP and her supervisor called **Ms. Sem** who said she should go home and not practice as a nurse until she got to a psychiatrist to get stabilized. It was two weeks, medically speaking, until she was her old self again. She informed the Committee there were 22 other states which offered the same mental health component as drug and alcohol program -- Montana was discriminating against nurses with mental health problems because the Board couldn't license them.

SEN. ECK asked about a nurse practitioner with an independent practice and asked if the Montana Nurses Association would have any way of ensuring the nurse was getting the help he or she needed. **Sami Butler** said she believed there was a mechanism in place with the Board of Nursing licensure procedure, i.e. if there was a public safety issue the Board would look at that. She said the mental health issues had been much discussed but the chronic illness issues had not.

SEN. ECK wondered if that person were practicing in a supervised situation in a hospital, would the supervisor have the authority to ensure the person got the counseling and medication needed.

Ms. Butler said it was under the employer's responsibility to follow up on the safe patient environment in that facility and to refer them to their own physician and as part of the personnel issue, report back on what was being done.

SEN. SUE BARTLETT asked if the rules would contain a greater degree of definition of "mental or chronic physical illness", identifying more clearly some limits of range of illnesses that might be addressed. **Mr. Eskridge** said he wasn't sure what was anticipated but was positive they would need further definition. He hoped as they went through the rule making process people from the Montana Nurses Association and others who had both interest and expertise in this area would help define what the limits should be. He suggested there were some aspects of mental health and chronic physical illness which they shouldn't be delving

into, whatsoever, it might be a balancing act. The bill would give the authority to at least begin the discussions and start down that road.

SEN. BARTLETT wondered if a person did not, through self-referral, turn him-or-herself in (voluntary track), but was called to the attention of the Board (disciplinary track) because of a patient safety issue or whatever, would the license be suspended, at least temporarily. **R. Perry Eskridge** said if the person didn't self-report and the practice fell below standards, he or she would come to the attention of the Board, either through the supervisor or patient complaint. The options available to the Board were set forth in 37-1-312 and included monitoring the individual's practice, which was the preferred method of discipline. He explained the expertise didn't reside within the Board personally to determine what monitoring was appropriate, which was why they wanted to include NAP and the mental health & chronic physical illness aspect.

{Tape : 1; Side : B; Approx. Time Counter : 10.6}

SEN. BARTLETT asked when a person was on a disciplinary track, at what point did the information become public. **Mr. Eskridge** said the complaint process was fairly complex but began in this way: The complaint was filed against a licensee which required a mandatory response. That response came to the screening panel of the Board which had two decisions: either investigate or dismiss. If the decision was to investigate, it was assigned to the Board's investigator who investigated and returned with a report to the screening panel which again had two decisions: notice the licensee of disciplinary action or dismiss the case. If the case at that point was dismissed, the entire proceeding was confidential, though there was a record in the Board's office with information handed out on a very limited circumstantial basis. However, if it was noticed, the Board had made the determination that a violation had occurred and the licensee posed some threat to public health safety and welfare. At that point they determined the public's right to know outweighed the individual's right to privacy. That was when the information became public.

SEN. BARTLETT asked how that dovetailed with confidentiality. **Mr. Eskridge** said it would be the same procedure used now by NAP for drug and substance abuse. Nobody would be aware that anything was going on, besides the supervisor and those with whom the licensee had discussed the issue, until the determination was made by the screening panel this person was such a threat to public safety and welfare that disciplinary action was warranted. At that point, it would become public information.

SEN. BARTLETT asked about the depth of the information made public. **R. Perry Eskridge** said that was by degrees. It sort of depended on what the person chose to put out for defense. He said he really wasn't involved that much with the disciplinary side because he advised the adjudication panel; he thought most of the actions were because the individuals were impaired in some manner. If they wanted to get into the recovery aspect and were really "up front" (put it all out on the table and deal with it all at once), they were usually more successful than those who tried to hold back a bit.

SEN. BERRY commented those same complaints would crop up under the present system and the same confidentiality issue was there. Nothing would be changed. **Mr. Eskridge** agreed, saying there would be no change to what was already there.

{Tape : 1; Side : B; Approx. Time Counter : 14.8}

Closing by Sponsor:

SEN. DALE BERRY commented if the licensees were presently treated under the present system and if mental illness were tagged into this, he didn't know what the fiscal note would be.

HEARING ON SB 93

Sponsor: **SEN. DON HARGROVE, SD 16, Belgrade**

Proponents: **Chuck Hunter, Department of Public Health & Human Services**
Laurie Koutnik, Christian Coalition (testimony read by Arlette Randash)
Twila Costigan, Montana State Foster & Adoptive Parent Association
Sharon Hoff, Montana Catholic Conference
Colleen Murphy, Montana Chapter, National Association of Social Workers
John Wilkinson, Intermountain Childrens Home
Ardyce Lobery, Foster & Adoptive Parent from DPHHS
Judy Singleton, Foster & Adoptive Parent

Opponents: **None.**

Opening Statement by Sponsor:

SEN. DON HARGROVE, SD 16, Belgrade, said **SB 93** resulted from 22 years ago when the Legislature passed a bill that authorized

subsidized adoptions for Montana children. He said the purpose of both the original bill and **SB 93** was to encourage adoptions of children with both unique and special circumstances through the provisions of both adoption assistance and adoption subsidies.

Senate Bill 93 made some minor revisions to the 1977 act and made it up to date with current practices and brought this portion of the adoption statute into synchronization with the 1997 provisions made regarding adoption by both this Legislature and Congress. The bill did four (4) things: (1) Replace outdated language, "hard-to-place" with "child with special needs"; (2) Establish objective criteria eligibility for adoption subsidy based on needs of child, to name one; (3) Eliminate annual re-certification requirement. Eliminate bureaucratic burden on families as well as on those administering the program; (4) Bring things up to date. Provide for quicker moving of foster children into permanent homes.

Proponents' Testimony:

Chuck Hunter, Department of Public Health & Human Services (DPHHS), read his written testimony **EXHIBIT**(phs07a03).

Laurie Koutnik, Christian Coalition, submitted written testimony read by Arlette Randash in Ms. Koutnik's absence **EXHIBIT**(phs07a04).

Twila Costigan, Montana State Foster and Adoptive Parent Association (MSF/APA) read her written testimony **EXHIBIT**(phs07a05).

{Tape : 1; Side : B; Approx. Time Counter : 0 - 33}

{Tape : 2; Side : A; Approx. Time Counter : 0}

Sharon Hoff, Representative, Montana Catholic Conference, said the **Montana Catholic Conference** stands in favor of this legislation, and the Committee's support to pass **SB 93**.

Colleen Murphy, Montana Chapter, National Association of Social Workers (MNASW) & licensed clinical social worker specializing in treatment of severely abused children, said they stood in support of **SB 93**, explaining the importance of permanency in a child's life could not be understated. She said the need for supports for the kind of children who needed permanent families but found themselves difficult to be adopted was incredibly high. She said she had personally witnessed the pain of children completing treatment but not having families to whom to go. She felt **SB 93** would enable more families to feel more confident they could meet

the challenges children such as these had to offer. She summed up by saying they highly supported the bill.

John Wilkinson, Intermountain Childrens Home, Helena, said they served children from throughout Montana and were celebrating their 90th year of service to Montana children and families. He said they were really quite struck with the importance of the bill. They would strongly support anything to strengthen the permanency of the issue. **Mr. Wilkinson** said Intermountain served children from ages 6-12 who had been through an average of 10 placements prior to coming to them; some of the placements offering severe abuse and neglect. He further explained these children neither trusted nor felt safe; as a result, after moving from family to family, they come to Intermountain's door. The Childrens Home could serve 32 children at any given time and it took about two (2) years to work through the treatment process before they were able to live with a family successfully. He said he had been with the "Home" 13 years and knew that children who didn't have permanency and returned to the foster care system would experience continued instability and the cost would increase enormously as well. Some of the increased cost would be because of an increase in medical and mental health services. He stated he believed every child had at least one (1) right in his or her life, i.e. right to a family; he believed it was up to the people of Montana through the legislature to support anything that could be done to provide permanency.

Ardyce Lober, Foster & Adoptive Parent for DPHHS, said she knew other families besides herself who recognized children had special enough needs that it would not be in their best family interests to adopt these children without subsidy. She said she was convinced these families would adopt if subsidy remained available to them. The parents she was referring to were highly motivated, experienced and well-trained; their best pool of adoptive parents for these children. Once these parents could adopt these children, their lives were stabilized, there was continuity in care and treatment and the children had a real family. She said her one adoptive daughter's birth history was one of compulsive, illegal behaviors arising from known mental illness combined with probable prenatal use of drugs and alcohol. Their love and commitment to her as adoptive parents would cause them to access every possible resource to keep her placement stable and keep them together as a family.

Judy Singleton, Foster & Adoptive Parent, said she had two children from Intermountain Childrens Home and was a person who preferred the older children. She said one of her adopted children, when coming to Intermountain, didn't know whether she was an animal or a person; and because of the Home and its hard

work, she has a normal, special needs child. She explained without subsidy there was no way as a single parent she could afford to take her to a therapist or get her the help she needed. She expressed support for **SB 93**.

Opponents' Testimony: None.

Questions from Committee Members and Responses:

SEN. EVE FRANKLIN asked if there were numbers for 1994 of subsidized adoptions as well as the number 1999 unsubsidized adoptions. **Chuck Hunter** said about 80% of Montana adoptions were subsidized.

SEN. FRANKLIN asked if there were any fiscal implications and was told by **Mr. Hunter** the fiscal impact would be positive because the subsidized rate was \$10 less than the foster care rate.

SEN. FRED THOMAS suggested it might be appropriate to get ??? (can't hear) on the bill and was told by **Mr. Hunter** it was a good idea and would go to the Budget Office to see if something could be done.

SEN. CHRISTIAENS asked what sort of help was available for parents in subsidized adoptions in getting counseling when they found they needed help. **Chuck Hunter** said there was nothing in the bill for that -- the services and subsidy provided were really available for the child but not for the parents. He said they requested, for the first time, money in the Governor's Budget to provide post-placement support for both foster and adoptive parents.

SEN. DON HARGROVE asked if there were any controls for how the money was spent. **Mr. Hunter** said there really was not a lot of monitoring on the out-and-out financial subsidy side; however, on the medical side, those services would typically be acquired through Medicaid or mental health care.

SEN. DUANE GRIMES expressed appreciation to the foster & adoptive parents of Montana. He referred to Page 1, Lines 23-24, and asked if a category of child between the ages of 5-6 was inadvertently created which would mandate they wait longer because if they waited only a few months or another year, there would be a larger pool of potential adoptive parents because they could now have the subsidy. He asked for understanding why "six years of age" came up and would it create difficulties for an arbitrary age. **Chuck Hunter** said "six years of age" was chosen based on national experience; however, it was not a mandate. He

said "six years of age" was only an age issue; if other conditions applied, this would apply to a much younger age.

SEN. GRIMES asked if "approximately" inserted before "six years of age" allow a five-year-old to apply. He wondered if that language would technically work the way the program currently ran. **Carol Grell, DPHHS**, said there was not a mandate on children six years of age or older; they didn't want to eliminate children who may not meet another qualification. The Department would feel that amendment would be workable.

SEN. GRIMES asked **John Wilkinson** about the age issue and was told he had concerns about any seeming arbitrary age and agreed with **Mr. Hunter** that at a certain point, age became a barrier. He also pointed out that at any age, the behavior of some of these children could be extremely challenging.

SEN. DOROTHY ECK said she attended many meetings on issues of permanency, etc., and was surprised how many folks were unaware of the adoption subsidies available. She wondered if this was an area where public education among these groups was needed. **Chuck Hunter** agreed, saying two areas could be covered: (1) Educate the public subsidies were available; (2) Educate social work staff to ensure when they're working with these families, the possibility of subsidy was clearly known.

SEN. ECK said she assumed the child was eligible for Medicaid without regard to the family's resources and was told by **Mr. Hunter** she was correct.

Closing by Sponsor:

SEN. DON HARGROVE said several amendments had been suggested by Committee members and **Chuck Hunter** would be available for help. He said the criteria was pretty empirical. Also, there were those who would adopt even if it wasn't subsidized. It was pointed out there were three (3) approaches to solutions of the difficulties these children have -- permanency, permanency and permanency, and **SB 93** will help that.

EXECUTIVE ACTION ON SB 30

Motion/Vote: **SEN. BOHLINGER** moved that SB 30 DO PASS. Motion carried 10-1 with Bartlett voting no.

EXECUTIVE ACTION ON SB 62

Motion/Vote: SEN. CHRISTIAENS moved that SB 62 DO PASS. Motion carried unanimously.

ADJOURNMENT

Adjournment: 5:05 P.M.

SEN. AL BISHOP, Chairman

MARTHA MCGEE, Secretary

JANICE SOFT, (Transcriber)

AB/MM

EXHIBIT (phs07aad)